

COMPANY INFORMATION

Company Name	
Billing Address	
Telephone Number	
Authorized Purchaser	
Customer Email	

I _____ do hereby authorize Torcan Lift Equipment Ltd. The right to bill the below
(please print name) specified Credit Card for all rental, freight, fuel, damage waiver and any
or other charges related to the rental of equipment supplied or services rendered to us.

PAYMENT INFORMATION

Credit Card Number		Expiry Date	
CVR		Card Type	
Name On Card (please print)			
Signature:		Date	

Note: Customers **MUST** attach a photo copy of the above credit card (front and back) along with front copy of drivers licence

JOB SITE / RENTAL INFORMATION

NOTE: The Unit(s) will remain on rent until Torcan is notified & a confirmation # is issued		INITIAL:
Job Site Address		
Delivery Instructions		
Contact on Site	Contact #	
Delivery Date	Delivery Time	
Delivery:	Pick Up	
Unit Requested		
Rental Pricing	Daily	
	Weekly	
	Monthly	Based on 28 days

Note: All Rentals will be charged a 10% Damage Waiver fee, if a certificate of insurance is not provided and Torcan Lift Equipment is not listed as a loss payee. Fuel if applicable, and HST are extra.



**BEST REGARDS:
TORCAN TEAM**